Docket No. 03500.011186.1

Examiner: Tuan V. Ho

Group Art Unit: 2615

Date: February 2, 2005

In re Application of:

Masanori KAWASHIMA

Application No.: 09/955,206

Filed: September 18, 2001

For: IMAGE COMMUNICATION SYSTEM AND METHOD UTILIZING SELF-PORTRAIT AND PARTNER DISPLAY

WINDOWS (AS AMENDED)

**Mail Stop Amendment** 

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2	MINUS	20	= 1	x \$25 \$50	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

Verified Statement claim	ng small entity status is enclosed, if not filed previously.	
A check in the amount of	\$ is enclosed.	
Charge \$	to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed	osed.

X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.					
	A check in the amount of \$ to cover the fee for a month extension is enclosed.					
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.					
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.					
	Respectfully submitted,					
	Mark A. Williamson Attorney for Applicant Registration No.: 33,628					

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200 DSG/MAW/cmg

Form #120

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